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APPLICANTS

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** CONTINUING DATA *****
 This application is a DIV of 09/860,648 05/18/2001 PAT 6,760,616 *a*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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Verified and Acknowledged

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TITLE
 Tissue discrimination and applications in medical procedures

FILING FEE RECEIVED 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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